

Please Type or Print in Ink
Mail to: P.O. Box 309522
Montgomery, Al 36130

ALABAMA BOARD OF FUNERAL SERVICE
APPLICATION
FOR APPRENTICE FUNERAL DIRECTOR

FORM- AP.F.D.

Name: _____
(First) (Middle) (Last)

Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Telephone Number: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

I hereby apply for **CERTIFICATE OF APPRENTICE FUNERAL DIRECTOR** for the fiscal year ending September 30, 20____. I also attach the required fee of \$20.00.

I have a certificate of High School graduation or its equivalent GED Certificate: ☐ YES ☐ NO Date of Diploma or Certificate: _____

Name and Address of High School or of the Institution or Agency that granted Diploma or GED Certificate:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Are you still attending High School? ☐ YES ☐ NO If yes, Name and Address of High School attending:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? ☐ YES ☐ NO If yes, please attach details.

I certify that I am a citizen of the United States or legally present in the United States? ☐ YES ☐ NO

Name and Address of Funeral Establishment at which the apprenticeship will be served:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Name of Funeral Director supervising the apprenticeship: _____ AL License No.: _____

I understand that I must devote an average of at least thirty (30) hours per week to the duties of this apprenticeship. Further, that my supervisor must submit an annual report to the Board by the first day of January showing the number of hours served and the number of bodies I have assisted in preparing for the disposition during the previous year.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20____.

Notary Public

My Commission expires _____.

CERTIFICATE

I certify that I am acquainted with _____ and have personal knowledge of this person's good character and reputation. I hereby recommend the approval of this application.

(Signature of Supervising Funeral Director)

Alabama Funeral Director License # _____ Address: _____

*****PLEASE ENCLOSE A COPY OF YOUR DIPLOMA OR CERTIFIED GED CERTIFICATE
***PLEASE ANSWER ALL QUESTIONS COMPLETELY**